

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214545835						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: LaMair-Mulock-Condon Co.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2014</p> <p>SCC ID NO: F1481201</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000		
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COMMON	10,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4200 UNIVERSITY AVENUE SUITE 200</p> <p style="text-align: center;">CITY/ST/ZIP: WEST DES MOINES, IA 50266</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY R BAKER VICE PRESIDENT 4200 UNIVERSITY AVE WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK J BOUNDS VICE PRESIDENT 4200 UNIVERSITY AVENUE #200 WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A DAWSON VICE PRESIDENT 4200 UNIVERSITY AVE #200 WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY L KUENNEN VICE PRESIDENT 4200 UNIVERSITY AVE #200 WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J SCHUELER VICE PRESIDENT 4200 UNIVERSITY AVE #200 WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG D SIECK VICE PRESIDENT 64 MEADOWBROOK CIRCLE CUMMING, IA 50061	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FORD SINGBUSH VICE PRESIDENT 4200 UNIVERSITY AVE #200 WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC SORENSON VICE PRESIDENT 4200 UNIVERSITY AVENUE #200 WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARYANN VAN DYKE VICE PRESIDENT 4200 UNIVERSITY AVE #200 WEST DES MOINES, VA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GREG T LAMAIR		GREG T LAMAIR, CEO/P/D	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	
		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			